COMMONWEALTH OF KENTUCKY DEPARTMENT FOR NATURAL RESOURCES DIVISION OF OIL AND GAS 300 SOWER BLVD FRANKFORT, KY 40601 502-573-0147



AFFIDAVIT TO TIME AND MANNER OF PLUGGING AND FILLING WELL AS REQUIRED BY LAW

(TYPE OR PRINT IN INK)

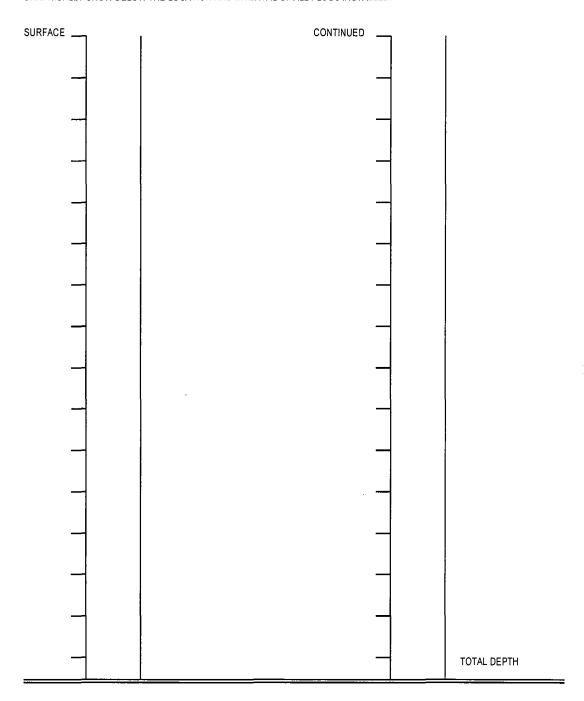
NAME AND ADD	RESS OF I	_AST OPERATO	OR						
E-MAIL ADDRES	S OF LAS	T OPERATOR							
NAME AND ADD	RESS OF	ORIGINAL OPE	RATOR						
NAME AND ADD	RESS OF	COAL OPERAT	OR						
PERMIT NO		ELE	EVATION	COUNTY	<u> </u>	TOTA	L DEPTH		
CARTER COORDINATES		□ FNL □ FSL _	☐ FEL ☐ FWL	SEC	LETTE	ER	NUMBE	R	
MINERAL OWNE		V	VELL NUMBI	ER					
GAS INSPECTO	OR AND	ACCORDING	OF SAID WELL WAS C TO CHAPTER 353 WHICH IS LISTED	OMPLETED A	ACCORDING T OF THE KE	TO INSTRUC ENTUCKY	TIONS FROI REVISED S	STATUTES ON	
`	,	(BOTTOM)	(TOP)			(PLU	G DESCRIPT	ΓΙΟΝ)	
PLUGGED:	FROM_				WITH	<u> </u>		, 	
PLUGGED:	FROM_		то		WITH				
PLUGGED:	FROM_		_ то		WITH				
PLUGGED:	FROM_		то		WITH				
PLUGGED:	FROM_		_ то		WITH				
PLUGGED:	FROM_		ТО		WITH				
INDICATE BEL	OW THE S	IZE AND INTER	RVAL OF ALL CASING	G LEFT IN TH	IE WELL AND	IF AND WH	ERE IT WAS	SHOT OFF:	
CASING SIZE _		_, INTERVAL _	, SHOT OF	F AT	BOTTON	OF CASING	G AT		
CASING SIZE _		_, INTERVAL _	, SHOT OF	F AT	BOTTON	OF CASING	G AT		
IF CASING WA	S NOT LE	FT IN THE WEL	L, INDICATE THE BO	RE HOLE SIZ	ZE AND INTER	RVAL:			
CASING SIZE _				INTE	ERVAL				
CASING SIZE _				INTE	ERVAL				
			OOWN-HOLE DISPOS ERVAL IN WELLBORE					_	
	HE WELL (OPERATOR AN	ONE ORIGINAL TO B D THE THIRD TO BE						
	ORNEY TO	EXECUTE DO	ROPRIETORSHIP, SIG CUMENTS. IF A SOL CUMENTS.						
(OPTIONAL)	SIGNATUF	RE OF CONTRA	CTOR RESPONSIBLE	E FOR ABOVI	E PLUGGING	TITLE		DATE	
(REQUIRED)	SIGNATUF	RE OF OPERAT	OR RESPONSIBLE FO	OR ABOVE P	LUGGING	TITLE		DATE	
SWORN TO AND	SUBSCR	BED BEFORE I	ME THIS DATE	DAY (OF		_ 20		
M`	Y COMMIS	SION EXPIRES			NO ⁻	TARY PUBLI	C		

CEMENT TABLE

HOLE SIZE	2"	3"	4"	5"	6 1/2"	8"	8 1/2"	8 3/4"	10"	12"	16"
NO. FT. FILLED PER SACK OF CEMENT*	45'	20'	11'	7'	4'	2 3/4'	2 1/2'	2 1/3'	2'	1'	1/2'

^{*1} CUBIC FOOT PER SACK

GRAPHICALLY SHOW BELOW THE LOCATION AND INTERVAL OF ALL PLUGS INSTALLED.



IF THE WELL IS TO BELEFT AS A DOMESTIC WATER WELL, PLUG ACCORDING TO THE INSPECTOR'S INSTRUCTIONS, COMPLETE THIS FORM ON BOTH SIDES AND HAVE THE FOLLOWING AFFIDAVIT SIGNED BY THE REAL ESTATE OWNER.

AFFIDAVIT

!,	NE TO THE SURFACE FOR	USE AS A WATER WELL AND I	OO HEREBY
SIGNATURE OF OWNER OR HIS AGENT		DATE	